

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Nrl News		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
Mailing Address 512 10th Street, NW		Amount 26.65	
City Washington State DC Zip Code 20004-1401		Transaction ID: E55C1D9A726534CC9A95	
Purpose of Expenditure Newspaper Ad - FL		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ALLEN BERNARD WEST		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee Nrl News		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0	
Mailing Address 512 10th Street, NW		Amount 19.14	
City Washington State DC Zip Code 20004-1401		Transaction ID: E2AC04E4760D44B17B35	
Purpose of Expenditure Newspaper Ad - AL		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mo Brooks		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		45.79	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 1	